

## **XIV. ATTACHMENTS**

## ATTACHMENT A

### Confidentiality Agreement for New and Existing Members

The purpose of the \_\_\_\_\_ Child Fatality Review Committee is to conduct a thorough examination of all preventable child deaths in \_\_\_\_\_ County in order to better understand how and why children die, and to take action to prevent similar deaths.

In order to assure a coordinated response that fully address all systemic concerns surrounding child fatalities, all relevant data must be shared at committee reviews, including historical information concerning the deceased child and his or her family. Much of this information is protected from disclosure by law. Therefore, committee reviews are closed to the public, and confidential information cannot be lawfully discussed unless the public is excluded. In no case should any committee member or designee disclose any information regarding committee decisions outside the committee. Failure to observe this procedure violates various confidentiality statutes that contain penalties.

The undersigned agree to abide by the terms of this confidentiality agreement.

Name	Agency	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ATTACHMENT B

### CFR Meeting Summary Sheet

*(This sheet should be prepared several weeks prior to a review meeting and distributed to all team members regarding the child or children to be reviewed.)*

Name of Child \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_  
( , Maiden)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death: \_\_\_\_\_ Yrs \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Min \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Autopsy \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Death \_\_\_\_\_

Cause and Circumstances of Death \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Child \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_  
( , Maiden)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death: \_\_\_\_\_ Yrs \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Min \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Autopsy \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Death \_\_\_\_\_

Cause and Circumstances of Death \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACHMENT C**  
**New Child Fatality Review Report**  
**Form (ver. 2/2003)**





Office of Child Fatality Review  
Georgia Child Fatality Review Panel  
506 Roswell Street, Suite 230  
Marietta, Georgia 30060-4101  
**T:770/528-3988; F:770/528-3989**

Website: [www.gacfr.org](http://www.gacfr.org)  
email: [staff@gacfr.org](mailto:staff@gacfr.org)

## CFR#

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Death Certificate #

[illegible]

☐ Natural                      ☐ Suicide  
☐ Unintentional           ☐ Homicide  
☐ Undetermined

## Decedent's First Name

[illegible]

Last Name

[illegible]**Address**[illegible]

City

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**Zip**

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**Date of Birth (MM/DD/YYYY):**

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Decedent's SS# (if known):

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

**Date of Death (MM/DD/YYYY):**

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Phone Number (if known):

$$\left( \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

**Natural Mother's First Name**

[illegible]

MI

7

Last Name

[illegible]**Mother's Date of Birth**

--	--

 / 

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 / 

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**Natural Father's First Name**[illegible]

M

7

**Last Name**

[illegible]

**Father's Generation (Jr., III, etc.)**

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1. For all persons living in the residence of the decedent, indicate their relationship, age, and who is the head of household.  
(Select only one head of household).

### Relationship

**AGE**

Head of Household[illegible]

- a. Natural Father
- b. Natural Mother
- c. Grandfather
- d. Grandmother
- e. Stepfather
- f. Stepmother
- g. Adoptive Father
- h. Adoptive Mother
- i. Foster Father
- j. Foster Mother
- k. Other Relative
- l. Other Non-relative
- m. Father's Significant Other
- n. Mother's Significant Other
- o. Sibling



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**C. SOCIAL INFORMATION (cont.)**

2. Current marital status of head of household? ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
3. History of Domestic Violence in home of caretaker(s)? ☐ Yes ☐ No ☐ Unknown
4. Any other children in family deceased? ☐ Yes ☐ No ☐ Unknown
- 4a. If yes, age at death: 

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- 4b. Cause of death: \_\_\_\_\_

**D. INCIDENT SCENE INFORMATION**

1. Place of injury/illness event:
- |                                       |  |   |                             |
|---------------------------------------|--|---|-----------------------------|
| <input type="radio"/> Decedent's Home | <input type="radio"/> Street                         | <input type="radio"/> School                          | <input type="radio"/> Other |
| <input type="radio"/> Other Home      | <input type="radio"/> Driveway                       | <input type="radio"/> Residential Child Care Facility |                             |
| <input type="radio"/> Hospital        | <input type="radio"/> Wooded Area                    | <input type="radio"/> Body of Water                   |                             |
| <input type="radio"/> Highway         | <input type="radio"/> Unlicensed Child Care Facility | <input type="radio"/> Work Place                      |                             |
| <input type="radio"/> Parking Lot     | <input type="radio"/> Licensed Child Care Facility   | <input type="radio"/> Rural Road                      |                             |

Specify other place of injury/illness event: \_\_\_\_\_

2. Date of Injury/Illness Incident: (mm/dd/yyyy)

		/			/				
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3. Time of Injury/Illness Incident:

		:			<input type="radio"/> AM	<input type="radio"/> PM	<input type="radio"/> Unknown
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4. Time Pronounced Dead:

		:			<input type="radio"/> AM
		:			<input type="radio"/> PM
		:			<input type="radio"/> Unknown

5. Autopsy Performed?

☐ Yes

☐ No

☐ Unknown

6. Date Pronounced Dead:

		/			/				
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**E. SUPERVISION**

1. Who was in charge of watching the decedent at the time of injury/illness incident? Indicate all that apply

RelationshipAGE


**In Charge of Watching Decedent**

- a. Natural Father
- b. Natural Mother
- c. Grandfather
- d. Grandmother
- e. Stepfather
- f. Stepmother
- g. Adoptive Father
- h. Adoptive Mother
- i. Foster Father
- j. Foster Mother
- k. Other Adult Relative
- l. Other Adult Non-relative
- m. Father's Significant Other
- n. Mother's Significant Other
- o. Licensed Babysitter/Child Care Worker
- p. Unlicensed Babysitter/Child Care Worker
- q. Other Child
- r. Hospital Staff
- s. Decedent left alone, no one supervising
- t. Due to decedents age, no one in charge
- u. Other



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**2. Was Injury/Illness incident witnessed by anyone other than person(s) responsible for supervision of decedent?**

- 3. Was the decedent adequately supervised? If no, complete remainder of Section E.**

- (1) At the time of the injury/illness incident, did the person(s) in charge appear to be:

- (2) *At the time of the injury/illness incident, was the person(s) in charge:*

- (3) *Is the person responsible for supervising other children?*

- 1. Did a person(s) action(s) result in this death?**

**2. Has this person been arrested or charged?**

- 3. Indicate the relationship and age of the person whose actions resulted in this death:**

### Relationship to Decedent



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*Was death caused by:*
☐ G1. Injury    ☐ G2. Illness / SIDS / SUID / Other Natural Cause    ☐ G3. Unknown Cause
**G1. Injury (if marked, also complete one (1) Circumstance section in H3 - H11)**

1. Was the injury caused by an aggressive or assaultive act? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	2. Was injury: <input type="radio"/> Intentional <input type="radio"/> Unintentional <input type="radio"/> Unknown
3. If Intentional, was decedent: <input type="radio"/> Intended victim <input type="radio"/> Random victim <input type="radio"/> Unknown	4. Was the injury alcohol/drug related? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5. Was the injury gang related? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	6. Did the injury occur during the commission of a crime? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
7. If Suicide: (mark all that apply) <input type="radio"/> Prior Attempts <input type="radio"/> Prior Mental Health Problems <input type="radio"/> Suicide Completely Unexpected <input type="radio"/> Talked of Suicide <input type="radio"/> Had Previously Received Mental Health Services	

**G2. ILLNESS/SIDS/SUID/OTHER NATURAL CAUSE**

Indicate Criteria for Review

- ☐ Suddenly when in apparent good health
- ☐ Unexpected Or Unexplained
- ☐ In a suspicious or unusual manner
- ☐ While a resident/inmate of a state hospital or a state, county, or city penal institution
- ☐ While unattended by a physician
- ☐ SIDS

1. Condition Diagnosed Prior to Death \_\_\_\_\_  
 Complete questions 2-11 of this section, if illness or natural cause of death in infant less than 1 years old. For SIDS/SUID deaths, please complete this section and Section H1)

2. Age at death: <input type="radio"/> 0-24 Hours after Birth <input type="radio"/> 25-48 Hours after Birth <input type="radio"/> 49 Hours - 6 Weeks <input type="radio"/> 7 Weeks - 6 Months <input type="radio"/> 7 Months - 1 Year	3. Gestational age at birth: <input type="radio"/> < 25 Weeks <input type="radio"/> 26 - 30 Weeks <input type="radio"/> 31 - 37 Weeks <input type="radio"/> > 37 Weeks <input type="radio"/> Unknown	4. Birth weight (approximate lbs/oz.): <input type="radio"/> < 1 lb. 10 oz. <input type="radio"/> 1 lb 10 oz. to 3 lbs. 5 oz. <input type="radio"/> 3 lbs. 6 oz. to 5 lbs 8 oz. <input type="radio"/> >5 lbs. 8 oz. <input type="radio"/> Unknown
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5. Multiple births? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
6. Total number of prenatal visits? <input type="radio"/> None <input type="radio"/> 4 - 6 <input type="radio"/> Unknown <input type="radio"/> 1 - 3 <input type="radio"/> 7 - 10	7. First prenatal visit occurred during? <input type="radio"/> First Trimester <input type="radio"/> Third Trimester <input type="radio"/> Second Trimester <input type="radio"/> Unknown
8. Medical complications during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	9. Decedent regularly exposed to tobacco smoke before or after birth? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
10. Drug use during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	11. Alcohol use during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

**G3. UNKNOWN CAUSE (Describe in Section I)**

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**Indicate circumstance of death and complete corresponding section:**

- |   |   |
|---|---|
| <input type="radio"/> H1. SIDS or SUIDS*          | <input type="radio"/> H2. Inadequate Care or Neglect      |
| <input type="radio"/> H3. Vehicle Incident        | <input type="radio"/> H4. Drowning                        |
| <input type="radio"/> H5. Firearm                 | <input type="radio"/> H6. Asphyxia                        |
| <input type="radio"/> H7. Shaken/Impact Syndrome  | <input type="radio"/> H8. Fall Injury                     |
| <input type="radio"/> H9. Poisoning / Overdose    | <input type="radio"/> H10. Fire / Burn / Smoke Inhalation |
| <input type="radio"/> H11. Other Inflicted Injury | <input type="radio"/> H12. Other Circumstance             |

\*SIDS = Sudden Infant Death Syndrome; SUID = Sudden Unexpected Infant Death

## H1. SUDDEN INFANT DEATH SYNDROME (SIDS) OR SUDDEN UNEXPECTED INFANT DEATH (SUID)

*\*SIDS - is after a death scene investigation, review of history, and autopsy, nothing is found that could have contributed to the infant's death.  
SUID - is after a death scene investigation, review of history, and autopsy, there were factors present that could have contributed to the infant's death (e.g., overlay, soft bedding, etc.)*

<b>1. Position of decedent at discovery:</b> <input type="radio"/> On stomach, face down <input type="radio"/> On stomach, face to side <input type="radio"/> On stomach, face position unknown <input type="radio"/> On back <input type="radio"/> On side <input type="radio"/> Unknown	<b>2. Normal sleeping position:</b> <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> Varies <input type="radio"/> Unknown	<b>3. Location of decedent when found:</b> <input type="radio"/> Crib <input type="radio"/> Playpen <input type="radio"/> Bed <input type="radio"/> Couch <input type="radio"/> Floor <input type="radio"/> Other <input type="radio"/> Unknown	<b>4. Item in contact with decedent:</b> <input type="radio"/> Sheet/Blanket <input type="radio"/> Bumper guard <input type="radio"/> Other person <input type="radio"/> Unknown <input type="radio"/> Other _____
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## H2. INADEQUATE CARE OR NEGLECT (Mark all that apply)

- |   |   |  |
|---|---|--|
| <input type="radio"/> Apparent Lack of Supervision    | <input type="radio"/> Malnutrition            | <input type="radio"/> Inadequate Medical Attention |
| <input type="radio"/> Apparent Lack of Medical Care   | <input type="radio"/> Dehydration             | <input type="radio"/> Out of Hospital Birth        |
| <input type="radio"/> Munchausen Syndrome by Proxy    | <input type="radio"/> Oral Water Intoxication | <input type="radio"/> Failure to Protect           |
| <input type="radio"/> Failure to Thrive (non organic) | <input type="radio"/> Delayed Medical Care    | <input type="radio"/> Other _____                  |

## H3. VEHICLE INCIDENT

<b>1. Position of decedent:</b> <input type="radio"/> Operator <input type="radio"/> Front Seat Passenger <input type="radio"/> Bicyclist <input type="radio"/> Unknown <input type="radio"/> Pedestrian <input type="radio"/> Back Seat Passenger <input type="radio"/> Other _____			
<b>2. Vehicle in which decedent was occupant:</b> <input type="radio"/> Car <input type="radio"/> Bicycle <input type="radio"/> Bus <input type="radio"/> Other _____ <input type="radio"/> Truck/SUV/Van <input type="radio"/> Riding Mower <input type="radio"/> All Terrain Vehicle <input type="radio"/> Not Applicable <input type="radio"/> Motorcycle <input type="radio"/> Farm Tractor/Vehicle <input type="radio"/> Semi-tractor Trailer <input type="radio"/> Unknown			
<b>3. Vehicle in which decedent was not occupant:</b> <input type="radio"/> Car <input type="radio"/> Bicycle <input type="radio"/> Bus <input type="radio"/> Other _____ <input type="radio"/> Truck/SUV/Van <input type="radio"/> Riding Mower <input type="radio"/> All Terrain Vehicle <input type="radio"/> Not Applicable <input type="radio"/> Motorcycle <input type="radio"/> Farm Tractor/Vehicle <input type="radio"/> Semi-tractor Trailer <input type="radio"/> Unknown			
<b>4. Condition of road:</b> <input type="radio"/> Normal <input type="radio"/> Loose gravel <input type="radio"/> Wet <input type="radio"/> Ice/snow <input type="radio"/> Other <input type="radio"/> Unknown			
<b>5. Restraint/Child Safety seat used:</b> <input type="radio"/> Present, not used <input type="radio"/> Used Correctly <input type="radio"/> Unknown <input type="radio"/> None in Vehicle <input type="radio"/> Used Incorrectly <input type="radio"/> Not Applicable			

Continue this section on the next page

**H3. VEHICLE INCIDENT (cont.)****6. Helmet used?**

☐ Yes ☐ No ☐ Not Applicable ☐ Unknown

**7. Alcohol and/or other drug used?**

☐ Decedent impaired ☐ Driver of other vehicle impaired  
☐ Driver of decedent's vehicle impaired ☐ Not applicable ☐ Unknown

**8. Primary cause of vehicle incident:**

☐ Speeding ☐ Weather Conditions ☐ Unknown  
☐ Mechanical Failure ☐ Driver Error ☐ Other \_\_\_\_\_

**H4. DROWNING****1. Place of drowning:**

☐ Lake, River, Pond, Creek, Ocean  
☐ Bathtub  
☐ Public Swimming Pool  
☐ Private Swimming Pool  
☐ Bucket  
☐ Wading Pool  
☐ Well/Cistern  
☐ Unknown  
☐ Other \_\_\_\_\_

**2. Activity at time of drowning?**

☐ Boating  
☐ Playing at water's edge  
☐ Swimming  
☐ Playing in Water  
☐ Unknown  
☐ Other \_\_\_\_\_

**3. Was decedent wearing a floatation device?**

☐ Yes ☐ No ☐ Unknown

**4. Did decedent enter area of water unattended?**

☐ Yes ☐ No ☐ Unknown

**5. Could decedent swim?**

☐ Yes ☐ No ☐ Unknown

**6. Were alcohol or drugs a factor for decedent?**

☐ Yes ☐ No ☐ Unknown

**7. Were alcohol or drugs a factor for caretaker?**

☐ Yes ☐ No ☐ Unknown

**H5. FIREARM****1. Person handling the Firearm:**

☐ Decedent ☐ Acquaintance ☐ Unknown  
☐ Family member ☐ Stranger

**2. Type of Firearm:**

☐ Handgun ☐ Shotgun ☐ Unknown  
☐ Rifle ☐ Other \_\_\_\_\_

**3. Age of Person handling Firearm:**

☐ Age 

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☐ Unknown

**4. Source of Firearm:**

☐ Parent ☐ Friend ☐ Other \_\_\_\_\_  
☐ Other Relative ☐ Purchased by decedent ☐ Unknown

**5. Storage location of Firearm prior to injury:**

☐ Secured ☐ Unsecured ☐ Unknown

**6. Use of Firearm at time of injury:**

☐ Shooting at other person ☐ Target shooting ☐ Playing  
☐ Shooting at self ☐ Loading firearm ☐ Other \_\_\_\_\_  
☐ Cleaning firearm ☐ Hunting ☐ Unknown



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**H6. ASPHYXIA****1. Cause of asphyxia:**

- |  |   |
|--|---|
| <input type="radio"/> Other person overlaying or rolling over decedent | <input type="radio"/> Object exerting pressure on victim's neck/chest |
| <input type="radio"/> Wedging  | <input type="radio"/> Small object or toy in mouth                    |
| <input type="radio"/> Food   | <input type="radio"/> Hanging   |
| <input type="radio"/> Other person's hand                              | <input type="radio"/> Trapped in confined space                       |
| <input type="radio"/> Object covering decedent's mouth/nose            | <input type="radio"/> Other _____                                     |

**2. If sleeping, location of decedent at time of Incident:**

- |                                      |  |                                   |
|--------------------------------------|--|-----------------------------------|
| <input type="radio"/> In crib        | <input type="radio"/> Being held         | <input type="radio"/> Other _____ |
| <input type="radio"/> In bed         | <input type="radio"/> In infant car seat | <input type="radio"/> Unknown     |
| <input type="radio"/> On couch/chair | <input type="radio"/> On floor           |                                   |

**3. If sleeping, was decedent sleeping alone?**

- ☐ Yes ☐ No

If, no, how many sleeping with decedent?

- ☐ Sleeping#   ☐ Unknown

**4. If bedding involved:****1. Was the design of bed hazardous?**

- ☐ Yes ☐ No ☐ Unknown

**2. Was decedent placed on soft bedding?**

- ☐ Yes ☐ No ☐ Unknown

**3. Was there improper use of bedding?**

- ☐ Yes ☐ No ☐ Unknown

**H7. SHAKEN/IMPACT SYNDROME****1. Suspected trigger**

- |                                    |  |                                   |
|------------------------------------|--|-----------------------------------|
| <input type="radio"/> Crying       | <input type="radio"/> Feeding Difficulty | <input type="radio"/> Other _____ |
| <input type="radio"/> Disobedience | <input type="radio"/> Toilet Training    | <input type="radio"/> Unknown     |

**H8. FALL INJURY****1. Decedent fell from:**

- |   |  |
|---|--|
| <input type="radio"/> Open Window       | <input type="radio"/> Stairs or Steps    |
| <input type="radio"/> Furniture         | <input type="radio"/> Man-made Elevation |
| <input type="radio"/> Natural Elevation | <input type="radio"/> Other _____        |

**2. Height of fall?**

- ☐ Feet #   ☐ Unknown

**3. Landing surface composition/hardness:**

- ☐ Carpet ☐ Concrete ☐ Ground ☐ Other \_\_\_\_\_

**4. Was decedent in a baby walker?**

- ☐ Yes ☐ No ☐ Unknown

**5. Was decedent thrown or pushed down?**

- ☐ Yes ☐ No ☐ Unknown

**H9. POISONING / OVERDOSE****1. Type of poisoning:**

- |   |                                       |                                    |
|---|---------------------------------------|------------------------------------|
| <input type="radio"/> Prescription Medicine     | <input type="radio"/> Illegal Drug    | <input type="radio"/> Food Product |
| <input type="radio"/> Over-the-counter Medicine | <input type="radio"/> Alcohol         | <input type="radio"/> Other _____  |
| <input type="radio"/> Chemical                  | <input type="radio"/> Carbon Monoxide | <input type="radio"/> Unknown      |

**2. Was substance in safety packaging?**

- ☐ Yes ☐ No ☐ Unknown ☐ N/A

**3. Location of drug or chemical?**

- ☐ In closed, secured area ☐ In closed, unsecured area ☐ In open area ☐ Unknown



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**H10. FIRE/BURN/SMOKE INHALATION****1. If burned, the source?**

- |                                       |                                    |                                     |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="radio"/> Matches/Lighter | <input type="radio"/> Explosives   | <input type="radio"/> Faulty Wiring |
| <input type="radio"/> Cigarettes      | <input type="radio"/> Fireworks    | <input type="radio"/> Other _____   |
| <input type="radio"/> Combustibles    | <input type="radio"/> Space Heater | <input type="radio"/> Unknown       |

**2. Smoke Alarm present?**

- ☐ Yes      ☐ Unknown  
☐ No      ☐ N/A

**3. Smoke Alarm in working order?**

- ☐ Yes      ☐ Unknown  
☐ No      ☐ N/A

**4. Fire started by?**

- ☐ Decedent      ☐ No one  
☐ Other      ☐ N/A

**5. Activity of person starting fire?**

- |                               |                                       |                                   |                               |
|-------------------------------|---------------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Playing | <input type="radio"/> Cooking         | <input type="radio"/> N/A         | <input type="radio"/> Unknown |
| <input type="radio"/> Smoking | <input type="radio"/> Suspected Arson | <input type="radio"/> Other _____ |                               |

**6. Construction of fire site?**

- |                                   |                               |                                   |                           |
|-----------------------------------|-------------------------------|-----------------------------------|---------------------------|
| <input type="radio"/> Wood Frame  | <input type="radio"/> Metal   | <input type="radio"/> Other _____ | <input type="radio"/> N/A |
| <input type="radio"/> Brick/Stone | <input type="radio"/> Trailer | <input type="radio"/> Unknown     |                           |

**7. Multiple fire injuries or death?**

- ☐ Yes      ☐ No

**8. For structure fire, where was decedent found?**

- ☐ Hiding    ☐ In Bed    ☐ Stairway    ☐ Close to Exit    ☐ Other \_\_\_\_\_

**9. Did decedent know of a fire escape plan?**

- ☐ Yes      ☐ No      ☐ Unknown      ☐ N/A

**10. If burned, the source?**

- |                                 |                                 |                                 |                               |
|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <input type="radio"/> Hot Water | <input type="radio"/> Appliance | <input type="radio"/> Cigarette | <input type="radio"/> Unknown |
| <input type="radio"/> Heater    | <input type="radio"/> Chemical  | <input type="radio"/> Other     |                               |

**H11. OTHER INFLICTED INJURY****1. Manner of injury? (Check all that apply)**

- |                                   |                               |                                      |                               |
|-----------------------------------|-------------------------------|--------------------------------------|-------------------------------|
| <input type="radio"/> Cut/Stabbed | <input type="radio"/> Thrown  | <input type="radio"/> Kicked/Stomped | <input type="radio"/> Unknown |
| <input type="radio"/> Struck      | <input type="radio"/> Crushed | <input type="radio"/> Other _____    |                               |

**2. Injury inflicted with? (Check all that apply)**

- |   |                                   |                               |
|---|-----------------------------------|-------------------------------|
| <input type="radio"/> Sharp object (e.g. knife, scissors) | <input type="radio"/> Hands/feet  | <input type="radio"/> Unknown |
| <input type="radio"/> Blunt object (e.g. hammer, bat)     | <input type="radio"/> Other _____ |                               |

**I. NARRATIVE DESCRIPTION**





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**J. COMMITTEE FINDINGS / AGENCY INVOLVEMENT**1. Date of first meeting? 

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2. Members participating?

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="radio"/> Coroner     | <input type="radio"/> Public Health/Physician | <input type="radio"/> Juvenile Officer      |
| <input type="radio"/> Prosecutor  | <input type="radio"/> Medical Examiner        | <input type="radio"/> Mental Health _____   |
| <input type="radio"/> DFCS Worker | <input type="radio"/> Law Enforcement Officer | <input type="radio"/> Optional Member _____ |

3. Total number of meetings held? ☐ One ☐ Two ☐ Three or more

4. Incident scene investigation conducted by: (Mark all that apply)

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="radio"/> Law Enforcement  | <input type="radio"/> EMS               | <input type="radio"/> Not Conducted |
| <input type="radio"/> Coroner          | <input type="radio"/> Fire Investigator |                                     |
| <input type="radio"/> Medical Examiner | <input type="radio"/> Other Agency      |                                     |

5. Investigation by law enforcement:

- |   |   |
|---|---|
| <input type="radio"/> Conducted, but no arrest    | <input type="radio"/> Pending/In progress |
| <input type="radio"/> Conducted, arrest for _____ | <input type="radio"/> Not conducted       |

**(\*For questions J6-J10, please complete an "Agency Involvement" (Form A) for each agency involved with the decedent and/or family before the child's death.)**6. Court intervention prior to death of decedent? ☐ Yes ☐ No

If yes, which court(s)? (Check all that apply)

- |                                      |                                     |  |                                      |                                   |
|--------------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="radio"/> Juvenile Court | <input type="radio"/> Probate Court | <input type="radio"/> Magistrate Court | <input type="radio"/> Superior Court | <input type="radio"/> State Court |
|--------------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|

Was court intervention adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain \_\_\_\_\_

If prior involvement, could **court** intervention have prevented death? ☐ Yes ☐ No ☐ Unknown7. Prior services by Department of Juvenile Justice? ☐ Yes ☐ NoIf yes, were services provided adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain \_\_\_\_\_

If prior involvement, could **Department of Juvenile Justice** intervention have prevented death?

- |                           |                          |                               |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|

8. Prior services by Health Department? ☐ Yes ☐ NoIf yes, were services provided adequate? ☐ Yes ☐ No ☐ Unknown

If No, explain \_\_\_\_\_

If prior involvement, could **Health Department** intervention have prevented death?

- |                           |                          |                               |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|



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[illegible]



61880

CFR#

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**K. SERVICES OFFERED FAMILY****1. List services offered to family by agencies as a result of death? (Mark all that apply)**

- |  |  |                                      |                                   |
|--|--|--------------------------------------|-----------------------------------|
| <input type="radio"/> Bereavement Counseling | <input type="radio"/> Emergency Shelter      | <input type="radio"/> Health Care    | <input type="radio"/> No Services |
| <input type="radio"/> Economic Support       | <input type="radio"/> Mental Health Services | <input type="radio"/> Legal Services | <input type="radio"/> Unknown     |
| <input type="radio"/> Funeral Arrangements   | <input type="radio"/> Social Services        | <input type="radio"/> Other _____    |                                   |

**L. PREVENTION**

*A preventable death is one in which, with retrospective analysis, it is determined that a reasonable intervention (e.g., medical, educational, social, psychological, legal, or technological) could have prevented the death. Reasonable is defined by taking into consideration the process (steps that must be taken) to attain the necessary resources (funding, government approval, etc.)*

**1. To what degree was this death believed to be preventable?**

- ☐ Not at all      ☐ Possibly      ☐ Definitely

**2. Primary risk factors involved in the child's death? (Mark all that apply)**

- |                               |                                  |                                      |  |
|-------------------------------|----------------------------------|--------------------------------------|--|
| <input type="radio"/> Medical | <input type="radio"/> Economic   | <input type="radio"/> Environmental  | <input type="radio"/> Drugs or Alcohol |
| <input type="radio"/> Social  | <input type="radio"/> Behavioral | <input type="radio"/> Product Safety | <input type="radio"/> Other            |

**3. Were these risk factors identified prior to the death?**

- ☐ Yes      ☐ No      ☐ Unknown

**4. Was any action taken in your community to address the risk factors prior to this death?**

- ☐ Yes      ☐ No      ☐ Unknown

**5. Could the caretaker(s) have taken action to reduce the risk?**

- ☐ Yes      ☐ No      ☐ Unknown

**6. What prevention activities have been proposed as a result of this death? (Mark all that apply)**

- |   |  |
|---|--|
| <input type="radio"/> Legislation                         | <input type="radio"/> Consumer Product Safety Action |
| <input type="radio"/> Community Safety Project            | <input type="radio"/> News Services                  |
| <input type="radio"/> Public Forum                        | <input type="radio"/> Changes in Agency Practice     |
| <input type="radio"/> Educational Activities in School    | <input type="radio"/> Other Programs or Activities   |
| <input type="radio"/> Educational Activities in the Media | <input type="radio"/> None                           |

**7. Groups with whom to address prevention efforts? (Mark all that apply)**

- |                                      |  |                                   |
|--------------------------------------|--|-----------------------------------|
| <input type="radio"/> Children       | <input type="radio"/> Parents/Care Givers            | <input type="radio"/> Other _____ |
| <input type="radio"/> General Public | <input type="radio"/> Child Protection Professionals |                                   |

**8. Recommendation to Georgia Child Fatality Review Panel:**



61880

CFR#

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## CFR FORM REPORTING INFORMATION

Completed By: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone # : \_\_\_\_\_

Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_



## ATTACHMENT D

### Georgia Child Fatality Review Report Form Completion Guidelines

The following instructions correspond to the alpha/numeric sections of the Fatality Review Report form (Version 2003). There are twelve sections (A-L). Follow the directions for each section. Unless otherwise noted, each section must be completed in its entirety or the Review Report form will be returned to the Reviewing County/County of Residence.

**NOTE:** Items on the form that are not listed here are considered self-explanatory.

#### **A. & B. IDENTIFICATION INFORMATION**

Sections A & B gather important demographic information about the decedent & the parents of the decedent.

**NOTE:** Fill out each field in this section.

**A. COUNTY OF RESIDENCE:** CFR teams should only review deaths of residents of their own county.

**HISPANIC:** Hispanic is an ethnic origin, not a race. If “yes”, also indicate race.

**B. MOTHER’S DATE OF BIRTH (First/MI/Last):** This is included for verification purposes as a cross-reference to ensure the ID of the decedent.

#### **C. SOCIAL INFORMATION**

Section C gathers information on social factors that may have contributed to the child’s death. Social factors include such things as number of inhabitants living in the household and their relationship to the decedent, history of violence in the household, etc. Negative social factors should be examined to determine how they may have increased the decedent’s risk of dying.

**NOTE:** Fill out each field in this section.

**Head of household:** refers to the person in charge of making the primary decisions for the household.

**NOTE:** Give age for ALL that apply.

Indicate **Yes**, if there is history of violence/abuse among any adult members of the household.

#### **D. INCIDENT SCENE INFORMATION**

Section D refers to the actual injury/illness incident that resulted in death. This information can be obtained from the police report, death certificate and coroner/medical examiner report.

**NOTE:** Fill out each field in this section.

## **E. SUPERVISION**

Section E looks at information related to the supervision of the decedent at the time of injury/illness event that resulted in death. Refer to DFCS guidelines of the Social Services Manual, Child Protective Chapter 2100, Section IV, 2104.4, to determine if decedent was adequately supervised, for his or her age.

**NOTE:** Fill out each field in this section.

**In charge:** refers to the person who was primarily responsible for the care of the decedent at the time of the injury/illness/event. Check more than one box if more than one person was in charge at the time of the event.

**Adequately:** refers to the quality of the supervision at the time of the injury/illness/incident that resulted in death. Supervision is considered adequate when the person(s) in charge is/are not impaired, distracted, or preoccupied.

## **F. PERPETRATOR INFORMATION**

Section F refers to information regarding the alleged perpetrator(s). This information may be obtained from the police report.

**NOTE:** Fill out each field in this section, if applicable.

**Alleged perpetrator:** the person(s) who are thought to have committed an act that resulted in the decedent's death.

**Race/Sex:** Indicate the appropriate letter code to specify the race and sex.

**NOTE:** If NO alleged perpetrator(s) has been identified then proceed to Section G.

## **G. CAUSE OF DEATH**

Section G is broken up into three parts: **G1.)** Injury, **G2.)** Illness, SIDS/SUID, Other Natural Cause, and **G3.)** Unknown Cause. Choose the section that best describes the cause of death. This information can be obtained from coroners/medical examiners and police reports, however the team must determine if the cause of death listed on these reports is accurate.

**NOTE:** ONLY complete one of the three causes of death sections (**G1, G2 or G3**)

### Section G.1 – Injury

Complete G.1 if cause of death is due to injury.

**NOTE:** Fill in each field in this section. Definitions for this section:

**Aggressive:** refers to any hostile, forceful, or self-assertive act. For example, a teenager shooting him/herself with a gun is acting aggressively

**Assaultive:** refers to any violent physical attack.

**Commission of a crime:** refers to any act that is in violation of the law.

**Drug related:** refers to any drug related activity (using, buying/selling, etc.) that resulted in the decedent's death

**Gang related:** refers to direct gang activity that resulted in or led to the decedent's death. **Death is NOT gang related** if child is a member of a gang, but is killed in an unrelated incident (e.g., motor vehicle accident).

**Injury:** refers to any force whether it be physical, chemical (poisoning), thermal (fire) or electrical (electrocution) that resulted in death.

**Intentional:** refers to the act that resulted in death being one that was deliberate, willful, or planned (e.g., suicide, homicide or rape).

**Person(s) causing injury:** refers to anyone whose actions contributed to the injury resulting in death.

**Suicide:** this question is designed to gather information about possible risk factors present prior to decedent's death.

**Unintentional:** refers to the act that resulted in death being one that was NOT deliberate, willful, or planned. For example, children are playing with a gun that accidentally gets fired and injures one of the children; or being the passenger in a car crash, etc.

## **Section G.2 – Illness/SIDS/SUID/Other Natural Cause**

### **Complete G.2 if cause of death is due to illness or other natural cause.**

Check box to indicate why this death is eligible for review

NOTE: Field G.2.1 must be completed for this section. If child is <1, and cause of death is natural (including SIDS), complete the remainder of section G.2, questions 2-11. If the cause of death is SIDS or inadequate care/neglect you must also complete section H.1 or H.2 respectively.

**Natural Cause:** refers to an inherent, existing condition. Not out of the ordinary.

**Diagnosed Condition(s):** refers to the identification of disease or symptoms of a condition(s) that led up to the death. A diagnosed condition is not necessarily the immediate cause of death. List both diagnosed condition and cause on the review report form.

**Fill out section G.2, questions 2-11 ONLY if illness or natural cause of death in infant less than 1 year of age (including SIDS). These questions are designed to gather information about the mother's prenatal care, and behavior during her pregnancy with decedent.**

**Complications:** refers to any medical or physical conditions occurring during pregnancy that could cause trauma to the fetus. Include complications with the pregnancy due to physical abuse or battery.

**Exposure:** refers to any regular contact the mother/fetus/infant had with tobacco smoke during pregnancy with decedent and up to the first year of decedent's life. (Mark all that apply)



### **Section G.3 – Unknown Case**

**Complete G.3 if the cause of death has not and/or cannot be determined.**

NOTE: For example, if a body is decomposed, the cause of death may be difficult to determine.

## **H. CIRCUMSTANCES OF DEATH**

Section H. must be completed if the cause of death was any cause other than an illness or natural cause with the exception of SIDS and illnesses related to inadequate care/neglect. Indicate the circumstance and complete the corresponding section (H.1-H.11).

### **Section H.1 – SIDS/SUID**

**Complete section H.1 if circumstances surrounding the death were due to SIDS/SUID.**

NOTE: Fill out each field in this section.

**H.1.4** This question is important in helping to determine whether or not other factors could have contributed to the death. For example, one risk factor for SIDS is overheating. If a child has too many covers this may put the child at an increased risk. In addition, a child may shift under blanket(s)/comforter(s) in such a way to cover his/her mouth/nose.

### **Section H.2 – Inadequate Care or Neglect**

**Complete section H.2 if the circumstances surrounding the death were due to inadequate care or neglect.**

NOTE: Check each box that applies.

**H.2-d Failure to Thrive (non-organic):** refers to the actions of a parent, caretaker, etc., that cause failure to thrive; not related to medical causes. For example, if a child's formula is continually watered down the child may not get enough nutrients thus resulting in failure to increase body weight.

### **Section H.3 – Vehicle Accident**

**Complete section H.3 if the circumstances surrounding the death were due to a vehicle incident.**

**Most of this information can be obtained from police reports.**

NOTE: Fill out each field in this section.

### **Section H.4 - Drowning**

**Complete section H.4 if the circumstances surrounding the death were due to drowning.**

NOTE: Fill out each field in this section.

**H.4.6** Mark "yes" if either drugs or alcohol consumed by decedent or person(s) supervising decedent contributed to the drowning.

### **Section H.5 - Firearm**

**Complete section H.5 if the circumstances surrounding the death were due to a firearm.**

NOTE: Fill out each field in this section.

**H.5.4**            **Source:** refers to the gun's origin. This information will help focus prevention efforts.

**H.5.5**            **Secured:** refers to a reliable location that is locked and/or inaccessible.

**Unsecured:** refers to an unreliable location that is unlocked/accessibile.

## **Section H.6 – Asphyxia**

**Complete section H.6 if the circumstances surrounding the death were due to suffocation/strangulation/asphyxia.**

NOTE: Fill out each field in this section.

**H.6.1-b**            **Wedging:** refers to being blocked, jammed, or otherwise caught/trapped between two objects. For example, a child's head may be wedged between the mattress and the frame/head-board or even between parents causing the child to suffocate or strangle his/herself.

**H.6.1-j**            **Confined *low oxygen space*:** refers to any enclosed space that limits the flow of oxygen. Examples of such spaces include washer/dryer, refrigerator, cooler, trunk of car, etc.

**H.6.4-1**            **Hazardous design:** refers to the physical structure of a bed that makes it dangerous/unsafe for children. For example, it came from the manufacturer with exposed springs.

**H.6.4-2**            **Soft bedding:** refers to soft material such as comforter, foam bed pad, waterbed, etc.

**H.6.4-3**            **Improper use:** refers to the use of bed materials in a way for which they were not intended (not in accordance with their intended use). For example, creating bunk beds out of two individual twin beds.

## **Section H.7 – Shaken/Impact Syndrome**

Complete section H.7 if the circumstances surrounding the death were due to shaken/impact syndrome.

NOTE: Fill out each field in this section.

**H.7.1**            **Trigger:** refers to the action/event/stimulus to which the perpetrator responded that resulted in the death of the child.

## **Section H. 8 – Fall Injury**

Complete section H.8 if the circumstances surrounding the death were due to a fall injury. This information may be obtained from coroners/medical examiners and police reports.

NOTE: Fill in each field in this section.

## **Section H.9 – Poisoning/Overdose**

Complete section H.9 if the circumstances surrounding the death were due to poisoning/overdose.

NOTE: Fill in each field in this section.

### **Section H.10 – Fire/Burn**

Complete section H.10 if the circumstances surrounding the death were due to fire/burn/smoke inhalation.

NOTE: Fill in each field in this section.

### **Section H.11 – Other Inflicted Injury**

Complete section H.11 if the circumstances surrounding the death were due to injury of a kind not previously listed.

NOTE: Fill in each field in this section.

### **Section H.12 - Other Circumstance**

Complete section H.12 if the causes and circumstances surrounding the death were not previously listed in sections G or H. Proceed to Section I and describe the cause and circumstances of the death in a brief narrative.

## **I. NARRATIVE DESCRIPTION/COMMENTS**

Use this section if cause of death is unknown (item G.3) and/or the circumstances of death are different from those listed in sections H.1-H11. Also, provide any additional information that may help to more completely describe issues related to the child's death, the delivery of services, prevention, or the review process.

## **J. SUBCOMMITTEE FINDINGS**

Fill out each field in this section.

NOTE: J. questions 6-10 If "yes" to questions 14-17, please give additional comments in the space provided in Section J.

## **K. SERVICES PROVIDED**

Section K. refers to services that were offered to family as a result of the death even if services were refused.

## **L. PREVENTION**

Section L. is important for identifying risk factors/issues for preventing similar child fatalities.

NOTE: Fill out each field in this section.

*Preventability:* A preventable death is one in which with retrospective analysis it is determined that a *reasonable* intervention (e.g. medical, educational, social, psychological, legal, or technological) could have prevented the death.

*Reasonable:* defined by, taking into consideration the process/steps to attain the necessary *resources* (funding, government approval). For example, a child dies

from massive head injuries sustained from being thrown from the car. Had the child been restrained properly he/she might have lived.

Examples of possible interventions:

**Medical level** – Immunizing children against infectious diseases.

**Legal level** - Roadblocks to check to see that passengers are restrained properly.

**Educational level** – education programs within the schools/community re: how to de-escalate a conflict between two students.

**Technical level** – Developing a local coalition that keeps the community informed about unsafe products.

**Social level** – Marketing campaign to change teens' attitudes about using alcohol while driving.

**Psychological level** – Individual recognizing signs and symptoms of suicide.

***Resources:*** refers to all the things that have to be done to reach the goal. For example, buy-in, funding from local government. In order to get roadblocks you need buy-in from law enforcement agencies, and commitment to enforce current laws or create laws not yet in existence.

- L.1 ***Possibly preventable:*** refers to a death for which there is not enough information to determine if it was preventable
- L.1 ***Not at all preventable:*** refers to a death for which there is no cure/current technology/resources available to prevent it. For example, an incurable type of cancer is *not at all preventable*. No current amount of medical, educational, social or technological resources could prevent death from occurring.
- L.1 ***Definitely preventable:*** refers to a death for which the findings/information demonstrate clear obvious steps/action that could have been taken that would have prevented the death from occurring.
- L.2 ***Risk factors:*** refers to persons, things, events, etc. that put an individual at an increased likelihood of dying. Some of these factors may include a person's lifestyle, diet, violence in the home etc.
- **Medical:** refers to any condition (e.g., physiological, psychological, biological, etc.) that predisposes someone to death/dying.
  - **Social:** refers to any persons, things, events, etc. within the individual's social network (e.g., community, family, friends, acquaintances), culture (e.g., beliefs, rituals, language), etc. that predispose him/her to death/dying.
  - **Economic:** refers to choices made as a result of financial needs/resources, moneymaking processes, employment, etc. or lack of resources themselves.
  - **Behavioral:** refers to an individual's lifestyle. His/her actions or reactions to persons, things, events, etc., (e.g., diet and exercise habits, driving without a seatbelt) that predispose him/her to circumstances that lead to death/dying.
  - **Environmental:** refers to an individual's surroundings (conditions and circumstances) external to and generally out of his/her control that predisposes the individual to circumstances that lead to death/dying. For example, living in a neighborhood with frequent drive-by-shootings, or

**gangs in the neighborhood; medical staff that are not trained in certain procedures.**

- **Product safety: refers to any thing or substance that has been produced or manufactured that predisposes an individual to death/dying.**
- **Drugs or alcohol: refers to substances, which alter physiologic processes, and predisposes an individual to circumstances that lead to death/dying.**

- L.3 Had any agency, individuals, law enforcement officer, etc. been aware of any persons, things, events, etc. that predisposed this individual to death/dying?
- L.4 Did any agency, individual (outside the family), law enforcement officer, etc. intervene and/or notify proper authorities of the risk factors?
- L.5 This information is gathered to determine whether or not anyone can be held accountable for his or her inaction. For example, was primary caregiver aware of the risk factors for the death of this child and yet did not take any action? Caregiver(s): person(s) with primary responsibility for the welfare and needs of the individual.
- L.6 ***Community safety project*: refers to any initiative, activity, etc. on the part of the community to deliver health messages to reduce the risk of factors that predispose an individual to death/dying.**
- L.6 ***Legislation, law or ordinance*: refers to any action taken to legislate at the local or state government levels. For example, creating policies or taking action on policies or influencing another part of the administration to take action.**
- L.6 ***Public forums*: refers to formal/informal gatherings of members of the community to discuss future actions to be taken to reduce the risk factors that predispose individuals in their community to circumstances that lead to death/dying. For example, meeting to discuss how to reduce the risk factors associated with drive-by-shootings in the neighborhood.**
- L.6 ***Educational activities in school*: refers to lessons/curriculum and/or educational programs in the schools that target efforts toward reducing primary risk factors.**
- L.6 ***Educational activities in the media*: refers to activities such as public service announcements, ad campaigns, etc. which deliver a message (e.g., preventative, where to get help) that is aimed at target populations at high risk for a particular problem.**
- L.6 ***Consumer product safety action*: refers to the actions of agencies, individuals, consumer advocates, politicians, etc. whose goal is to make the public aware of products that could be or are hazardous or other wise deadly to the consumer. This might be done through public service announcements, product recall.**
- L.6 ***News services*: refers to the activities of the media (print, radio, television) with regards to informing the public about risk factors and prevention methods.**
- L.6 ***Changes in agency practice*: refers to any new policies, protocols, etc. that have been implemented within or between agencies as the direct result of deaths that were preventable.**

L.7                      ***Groups with whom to address prevention efforts: refers to the individuals, groups, communities, etc. to whom the prevention efforts are being addressed. In other words, the population that will benefit from the prevention activities.***

**ATTACHMENTS:**

Death Certificates or a copy of the Death Certificate Information Sheet  
Autopsy/Toxicology Report  
Law Enforcement Incident Report and/or Investigative Report(s)  
Medical Records  
Mental Health Records  
Form 1 (Coroner/ME's Report)  
and any additional information helpful in the review of the child's death

***Attachments, also referred to as Supplemental Information should be submitted to the Office of Child Fatality Review as it becomes available.***

506 Roswell Street, Suite 230  
Marietta, Georgia 30060-4101  
(770) 528-3988 or F (770) 528-3989

**ATTACHMENT E**

**Coroner/Medical Examiner's Report  
(Form 1)**



# State of Georgia Child Fatality Review

## Coroner/Medical Examiner Report

### Form 1



#### Instructions:

- Receive reports of all deaths of children under the age of 18 that occurred in that county
- Notify chairperson of the local Child Fatality Review Committee (CFRC) within 48 hours of death if decedent is a resident of county
- If death meets criteria for review (see section B), and decedent is a resident of county, complete Form 1 in its entirety and forward to the chairperson of the CFRC within 7 days
- If death does NOT meet the criteria for review, and decedent is resident of county, complete Sections A, B, and J of Form 1 and forward to chairperson of CFRC within 7 days
- If decedent is not resident of county of death, notify the coroner in the county of residence of the death within 48 hours, and forward a copy of Form 1 to the coroner in the county of residence within 7 days of the child's death

#### A. IDENTIFICATION INFORMATION

1. COUNTY OF RESIDENCE		2. COUNTY OF ILLNESS/INJURY		3. COUNTY OF DEATH	
4. DECEDENT'S NAME (FIRST/MI/LAST) / /			5. DATE OF BIRTH (MM/DD/YY) / /		6. DATE OF DEATH (MM/DD/YY) / /
7. SEX a. <input type="checkbox"/> MALE b. <input type="checkbox"/> FEMALE	8. RACE a. <input type="checkbox"/> WHITE b. <input type="checkbox"/> BLACK c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE e. <input type="checkbox"/> MULIT-RACIAL f. <input type="checkbox"/> UNKNOWN/OTHER				IS DECEDENT OF HISPANIC ORIGIN If Yes, indicate Race in A8 a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO
10. MOTHER'S NAME (FIRST/MI/LAST) / /		11. NATURAL FATHER'S NAME (FIRST/MI/LAST) / /			12. MOTHER'S DATE OF BIRTH (MM/DD/YY) / /
13. DECEDENT'S ADDRESS/CITY/STATE			14. DECEDENT'S SOCIAL SECURITY #		15. PHONE #

#### B. CRITERIA FOR REVIEW

- Mark all that apply to this fatality. If one or more indicators are applicable, O.C.G.A 19-15, requires that the death be referred to the Child Fatality Review Subcommittee for review.

##### Death occurring:

- ☐ as a result of violence
- ☐ by suicide
- ☐ as a result of a casualty
- ☐ suddenly when in apparent good health
- ☐ when unattended by a physician (no person shall be deemed to have died unattended when the death occurred while the person was a patient of a hospice licensed under Article 9 of Chapter 7 of Title 31)
- ☐ in any suspicious or unusual manner
- ☐ after birth but before seven years of age if the death is unexpected or unexplained
- ☐ when an inmate of a state hospital or a state, county, or city penal institution

- Referral to Child Fatality Review Subcommittee:

- ☐ One or more of the indicators marked above apply in this fatality. Case referred to CFRS for review.
- ☐ None of the indicators listed apply in this fatality. Case referred to CFRS for information only.



<b>B. CRITERIA FOR REVIEW (CONTINUED)</b> Note: If death does not meet criteria for review, list cause of death and a brief description of circumstances:         	
--	--

--

## C. SOCIAL INFORMATION

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age, and who is head of household.  
(Select only one head of household)

Relationship	Age		Head of Household	Relationship to Decedent
				a. Natural Father
				b. Natural Mother
				c. Grandfather
				d. Grandmother
				e. Stepfather
				f. Stepmother
				g. Adoptive Father
				h. Adoptive Mother
				i. Foster Father
				j. Foster Mother
				k. Other relative
				l. Other Non-Relative
				m. Father's Significant Other
				n. Mother's Significant Other
				o. Sibling

2. Current marital status of head of household?  
a. ☐ Married      b. ☐ Widowed      c. ☐ Divorced      d. ☐ Never Married      e. ☐ Unknown
3. History of domestic violence in home of Caretaker(s)?      ☐ Yes      ☐ No      ☐ Unknown  
If Yes, by whom? \_\_\_\_\_
4. Any other children in family deceased?      ☐ Yes      ☐ No      ☐ Unknown  
If Yes, give age and cause of death. \_\_\_\_\_

--

- a. ☐ Natural father                      h. ☐ Adoptive mother                      o. ☐ Unlicensed babysitter/child care worker

- |   |  |  |
|---|--|--|
| a. <input type="checkbox"/> Father          | i. <input type="checkbox"/> Foster father              | p. <input type="checkbox"/> Licensed babysitter/child care worker  |
| b. <input type="checkbox"/> Natural mother  | j. <input type="checkbox"/> Foster mother              | q. <input type="checkbox"/> Hospital staff                         |
| c. <input type="checkbox"/> Grandfather     | k. <input type="checkbox"/> Other adult relative       | r. <input type="checkbox"/> Child, age: _____                      |
| d. <input type="checkbox"/> Grandmother     | l. <input type="checkbox"/> Other adult non-relative   | s. <input type="checkbox"/> No one in charge of watching           |
| e. <input type="checkbox"/> Stepfather      | m. <input type="checkbox"/> Father's significant other | t. <input type="checkbox"/> Due to decedent's age no one in charge |
| f. <input type="checkbox"/> Stepmother      | n. <input type="checkbox"/> Mother's significant other | u. <input type="checkbox"/> Other                                  |
| g. <input type="checkbox"/> Adoptive father |  |  |

2. Was the decedent adequately supervised? a. ☐ Yes b. ☐ No c. ☐ Unknown

If No, complete 1-3:

1. At the time of the injury/illness event, did the person(s) in charge appear to be:
- a. ☐ Intoxicated c. ☐ Mentally ill/impaired e. ☐ unknown
- b. ☐ Under the influence of drugs d. ☐ Otherwise impaired (specify) \_\_\_\_\_

2. At the time of the injury/illness event was the person (s) in charge: \_\_\_\_\_

- a. ☐ Preoccupied      b. ☐ Distracted      c. ☐ Asleep      d. ☐ Unknown      e. ☐ Other

3. Is the person(s) responsible for supervising other children a. ☐ Yes b. ☐ No e. ☐ Unknown

3. Was the injury/illness event witnessed by anyone other than the person(s) responsible for supervision of the decedent?

- a. ☐ Yes      b. ☐ No      c. ☐ Unknown      d. ☐ N/A

## E. INJURY/ILLNESS SCENE INFORMATION

1. Place of injury/illness event that resulted in death?

- |   |   |   |   |
|---|---|---|---|
| a. <input type="checkbox"/> Decedent's Home | e. <input type="checkbox"/> School      | i. <input type="checkbox"/> Other Private Property          | m. <input type="checkbox"/> Body of Water |
| b. <input type="checkbox"/> Other Home      | f. <input type="checkbox"/> Street      | j. <input type="checkbox"/> Licensed Child Care Facility    | n. <input type="checkbox"/> Work Place    |
| c. <input type="checkbox"/> Hospital        | g. <input type="checkbox"/> Driveway    | k. <input type="checkbox"/> Unlicensed Child Care Facility  | o. <input type="checkbox"/> Rural Road    |
| d. <input type="checkbox"/> Highway         | h. <input type="checkbox"/> Wooded Area | l. <input type="checkbox"/> Child Care Residential Facility | p. <input type="checkbox"/> Other _____   |

2. Date of injury/illness event? a. ☐ \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) ☐ b. unknown

3. Date notified? a. ☐ \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) ☐ b. unknown

4. Time of injury/illness event? a. ☐ \_\_\_\_:\_\_\_\_ (hour: minute) ☐ AM ☐ PM ☐ b. unknown

5. Time notified? a. ☐ \_\_\_\_:\_\_\_\_ (hour: minute) ☐ AM ☐ PM ☐ b. unknown

6. Notified by \_\_\_\_\_ Position \_\_\_\_\_ Agency \_\_\_\_\_

7. Arrival time \_\_\_\_:\_\_\_\_ (hour: minute) ☐ AM ☐ PM

8. Time pronounced dead \_\_\_\_:\_\_\_\_ (hour: minute) ☐ AM ☐ PM b. ☐ Unknown

9. Was body found? a. ☐ Yes b. ☐ No If Yes, by whom? \_\_\_\_\_

Date found? \_\_\_\_/\_\_\_\_/\_\_\_\_ Time found? \_\_\_\_:\_\_\_\_ (hour: minute)

10. Had body been moved from place of death? a. ☐ Yes b. ☐ No If Yes, by whom? \_\_\_\_\_

11. Investigating officer \_\_\_\_\_ Position \_\_\_\_\_ Agency \_\_\_\_\_

12. Decedent under care of doctor? a. ☐ Yes b. ☐ No If Yes, Doctor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Medications Prescribed? \_\_\_\_\_

13. Decedent transported to \_\_\_\_\_ By whom? \_\_\_\_\_

14. Medical Examiner notified? a. ☐ Yes b. ☐ No c. ☐ Unknown

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_

15. Autopsy performed? a. ☐ Yes b. ☐ No

Blood alcohol? a. ☐ Yes b. ☐ No

Toxicology? a. ☐ Yes b. ☐ No

## F. CAUSE OF DEATH

1. Injury

1. Was injury caused by an aggressive or assaultive act? a. ☐ Yes b. ☐ No c. ☐ Unknown

2. Was the injury a. ☐ Intentional b. ☐ Unintentional c. ☐ Unknown

2. Illness or Other Natural Cause

1. Diagnosed Condition \_\_\_\_\_

**Complete questions 2-12 if illness/natural cause of death of infant less than 1 year of age**

2. Age at death:

a. ☐ 0 - 24 hours after birth c. ☐ 49 hours - 6 weeks e. ☐ 7 months - 1 year

b. ☐ 25 - 48 hours after birth d. ☐ 7 weeks - 6 months

3. Gestational age at birth:

a. ☐ 25-weeks or less c. ☐ 31-37 weeks e. ☐ Unknown

b. ☐ 26-30 weeks d. ☐ More than 37 weeks

**F. CAUSE OF DEATH (CONTINUED)** Complete if illness or natural cause death in infant less than 1 year of age

4. Birth weight (approximate lbs/oz.):

- a. ☐ <1 lb. 10 oz.                      c. ☐ 3 lb 6oz. To 5 lbs. 8 oz.                      e. ☐ unknown
- b. ☐ 1 lb. 10 oz. to 3 lbs. 5 oz.                      d. ☐ 5 lbs. 6 oz.

5. Multiple births?      a. ☐ Yes      b. ☐ No

6. Total number of prenatal visits?      a. ☐ None      b. ☐ 1-3      c. ☐ 4-6      d. ☐ 7-10      e. ☐ Unknown

7. First prenatal visit occurred during? a. ☐ First trimester b. ☐ Second trimester c. ☐ Third trimester d. ☐ Unknown

8. Medical complications during pregnancy?      a. ☐ Yes      b. ☐ No      c. ☐ Unknown

9. Decedent regularly exposed to tobacco smoke: a. ☐ Before birth      b. ☐ After birth      c. ☐ Unknown

10. Drug use during pregnancy?      a. ☐ Yes      b. ☐ No      c. ☐ Unknown

11. Alcohol use during pregnancy?      a. ☐ Yes      b. ☐ No      c. ☐ Unknown

12. History information provided by? ☐ Parent ☐ Physician/medical facility ☐ Other \_\_\_\_\_

### G. CIRCUMSTANCES OF DEATH

- |                             |  |                              |  |
|-----------------------------|--|------------------------------|--|
| 1. <input type="checkbox"/> | Sudden Unexplained Death of Infant or SIDS | 7. <input type="checkbox"/>  | Shaken/Impact Syndrome                         |
| 2. <input type="checkbox"/> | Inadequate Care or Neglect                 | 8. <input type="checkbox"/>  | Fall Injury                                    |
| 3. <input type="checkbox"/> | Vehicular                                  | 9. <input type="checkbox"/>  | Poisoning/Overdose                             |
| 4. <input type="checkbox"/> | Drowning                                   | 10. <input type="checkbox"/> | Fire/Burn/Smoke Inhalation                     |
| 5. <input type="checkbox"/> | Firearm                                    | 11. <input type="checkbox"/> | Other Inflicted Injury (Describe in Section H) |
| 6. <input type="checkbox"/> | Asphyxia                                   | 12. <input type="checkbox"/> | Other Circumstances (Describe in Section H)    |

## H. NARRATIVE

[illegible]

**I. CIRCUMSTANCES OF DEATH**

1. Who will sign death certificate? \_\_\_\_\_
2. Body released to \_\_\_\_\_
3. List personal belongings: \_\_\_\_\_  
Received by \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_
4. Name of next of kin: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**J. CORONER/MEDICAL EXAMINER INFORMATION**

1. Coroner/Medical Examiner Name: \_\_\_\_\_ County \_\_\_\_\_
2. If decedent was resident of another county, list name of county forwarded to and date forwarded:  
County of residence \_\_\_\_\_ Date forwarded \_\_\_\_\_
3. Coroner/Medical Examiner signature \_\_\_\_\_  
Referral for Review ☐ Yes ☐ No Date \_\_\_\_\_
4. Child Fatality Review Subcommittee Chair Signature \_\_\_\_\_  
Accepted for Review ☐ Yes ☐ No Date \_\_\_\_\_
5. Date mailed to Georgia Child Fatality Review Panel Date \_\_\_\_\_

**Georgia Child Fatality Review Panel**  
The Office of Child Fatality Review  
**506 Roswell Street, Suite 230**  
**Marietta, Georgia 30060-4101**

T: (770) 528-3988

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Email: [staff@gacfr.org](mailto:staff@gacfr.org)

## **ATTACHMENT F**

### **Glossary of Selected Terms**

**Child Fatality Review Report**

A standardized form required for collecting data on child fatalities that meet the criteria for review by child fatality review committees.

**Child Fatality Review Committee**

County level representatives from the office of the coroner or medical examiner, county department of family and children services, public health department, juvenile court, office of the district attorney, law enforcement, and mental health.

**Eligible Death**

Death meeting the criteria for review including death resulting from SIDS, unintentional injuries, intentional injuries, medical conditions when unattended by a physician, or any manner that is suspicious or unusual.

**Form 1**

A standardized form required for collecting data on all child fatalities by coroners or medical examiners.

**Injury**

Refers to any force whether it be physical, chemical (poisoning), thermal (fire), or electrical that resulted in death.

**Intentional**

Refers to the act that resulted in death being one that was deliberate, willful, or planned.

**Preventable Death**

One in which with retrospective analysis it is determined that a reasonable intervention could have prevented the death. Interventions include medical, education, social, legal, technological, or psychological.

**Reviewed Death**

Death, which has been reviewed, by a local child fatality review committee and a completed Child Fatality Review Report has been submitted to the Georgia Child Fatality Review Panel.

**Georgia Child Fatality Review Panel**

An appointed body of 16 representatives that oversees the county child fatality review process, reports to the governor annually on the incidence of child deaths, and recommends prevention measures based on the data.

**Sudden Infant Death Syndrome (SIDS)**

Sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene and review of the clinical history.

**Unintentional Death**

Refers to the act that resulted in death being one that was not deliberate, willful, or planned.

## XV. NOTES

[illegible]

# STATUTES

For the

**Georgia Child Fatality Review Panel**

**O.C.G.A. 19-15-1 THRU 19-15-7**



# **Georgia Child Fatality Review Legislation**

## **O.C.G.A. 19-15-1 thru 19-15-7**

Amended 2003 Legislative Session, effective July 1, 2003

19-15-1.

As used in this chapter, the term:

(1) 'Abused' means subjected to child abuse.

(2) 'Child' means any person under 18 years of age.

(3) 'Child abuse' means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) Sexual abuse of a child; or

(D) Sexual exploitation of a child.

(4) 'Child protection professional' means any person who is employed by the state or a political subdivision of the state as a law enforcement officer, school teacher, school administrator, or school counselor or who is employed to render services to children by the Department of Human Resources or any county board of health or county department of family and children services.

(5) 'Eligible deaths' means deaths meeting the criteria for review by a county child fatality review committee including deaths resulting from Sudden Infant Death Syndrome, unintentional injuries, intentional injuries, medical conditions when unexpected or when unattended by a physician, or any manner that is suspicious or unusual.

(6) 'Investigation' in the context of child death includes all of the following:

(A) A post-mortem examination which may be limited to an external examination or may include an autopsy;



(B) An inquiry by law enforcement agencies having jurisdiction into the circumstances of the death, including a scene investigation and interview with the child's parents, guardian, or caretaker and the person who reported the child's death;

(C) A review of information regarding the child and family from relevant agencies, professionals, and providers of medical care.

(7) 'Panel' means the Georgia Child Fatality Review Panel established pursuant to Code Section 19-15-4. The panel oversees the local child fatality review process and reports to the Governor on the incidence of child deaths with recommendations for prevention.

(8) 'Protocol committee' means a multidisciplinary, multiagency child abuse protocol committee established for a county pursuant to Code Section 19-15-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of child abuse.

(9) 'Report' means a standardized form designated by the panel which is required for collecting data on child fatalities reviewed by local child fatality review committees.

(10) 'Review committee' means a multidisciplinary, multiagency child fatality review committee established for a county or circuit pursuant to Code Section 19-15-3. The review committee is charged with reviewing all eligible child deaths to determine manner and cause of death and if the death was preventable.

(11) 'Sexual abuse' means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;

(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

'Sexual abuse' shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than three years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(12) 'Sexual exploitation' means conduct by a child's parent or caretaker who allows, permits, encourages, or requires that child to engage in:

(A) Prostitution, as defined in Code Section 16-6-9; or

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

19-15-2.

(a) Each county shall be required to establish a child abuse protocol as provided in this Code section.

(b) The chief superior court judge of the circuit in which the county is located shall establish a child abuse protocol committee as provided in subsection (c) of this Code section and shall appoint an interim chairperson who shall preside over the first meeting and the chief superior court judge shall appoint persons to fill any vacancies on the committee. Thus established, the committee shall thereafter elect a chairperson from its membership.

(c)(1) Each of the following agencies of the county shall designate a representative to serve on the committee:

(A) The office of the sheriff;

(B) The county department of family and children services;

(C) The office of the district attorney;

(D) The juvenile court;

(E) The magistrate court;

(F) The county board of education;

(G) The county mental health organization;

(H) The office of the chief of police of a county in counties which have a county police department;

- (I) The office of the chief of police of the largest municipality in the county;
  - (J) The county board of health, which shall designate a physician to serve on the committee; and
  - (K) The office of the coroner or county medical examiner.
- (2) In addition to the representatives serving on the committee as provided for in paragraph (1) of this subsection, the chief superior court judge shall designate a representative from a local citizen or advocacy group which focuses on child abuse awareness and prevention.
- (3) If any designated agency fails to carry out its duties relating to participation on the committee, the chief superior court judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.
- (d) Each protocol committee shall elect or appoint a chairperson who shall be responsible for ensuring that written protocol procedures are followed by all agencies. That person can be independent of agencies listed in paragraph (1) of subsection (c) of this Code section. The child abuse protocol committee thus established may appoint such additional members as necessary and proper to accomplish the purposes of the protocol committee.
- (e) The protocol committee shall, by July 1, 2001, adopt a written child abuse protocol which shall be filed with the Division of Family and Children Services of the Department of Human Resources and the Georgia Child Fatality Review Panel, a copy of which shall be furnished to each agency in the county handling the cases of abused children. The protocol shall be a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child. The protocol shall also outline procedures to be used when child abuse occurs in a household where there is violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household.
- (f) The purpose of the protocol shall be to ensure coordination and cooperation between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided for the perpetrator, the family, and the child, including counseling.
- (g) Upon completion of the writing of the child abuse protocol, the protocol committee shall continue in existence and shall meet at least semiannually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating same.

(h) Each protocol committee shall adopt or amend its written child abuse protocol no later than July 1, 2001, to specify the circumstances under which law enforcement officers will and will not be required to accompany child abuse investigators from the county department of family and children services when these investigators investigate reports of child abuse. In determining when law enforcement officers shall and shall not accompany child abuse investigators, the protocol committee shall consider the need to protect the alleged victim and the need to preserve the confidentiality of the report. Each protocol committee shall establish joint work efforts between the law enforcement and child abuse investigative agencies in child abuse investigations. The adoption or amendment of the protocol shall also describe measures which can be taken within the county to prevent child abuse and shall be filed with and furnished to the same entities with or to which an original protocol is required to be filed or furnished. The protocol will be further amended to specify procedures to be adopted by the protocol committee to ensure that written protocol procedures are followed.

(i) The protocol committee shall issue a report no later than the first day of July in 2001 and no later than the first day of July each year thereafter. That report shall evaluate the extent to which child abuse investigations during the 12 months prior to the report have complied with the child abuse protocols of the protocol committee, recommend measures to improve compliance, and describe which measures taken within the county to prevent child abuse have been successful. The report shall be transmitted to the county governing authority, the fall term grand jury of the judicial circuit, the Georgia Child Fatality Review Panel, and the chief superior court judge.

(j) By July 1, 2001, members of each protocol committee shall receive appropriate training. As new members are appointed, they will also receive training within 12 months after their appointment. The Department of Human Resources shall provide such training.

19-15-3.

(a)(1) Each county shall establish a local multidisciplinary, multiagency child fatality review committee as provided in this Code section. The chief superior court judge of the circuit in which the county is located shall establish a child fatality review committee composed of, but not limited to, the following members:

(A) The county medical examiner or coroner;

(B) The district attorney or his or her designee;

(C) A county department of family and children services representative;

(D) A local law enforcement representative;

(E) The sheriff or his or her designee;

(F) A juvenile court representative;

(G) A county board of health representative; and

(H) A county mental health representative;

(2) The chief superior court judge shall appoint an interim chairperson to preside over the first meeting.

(b) Review committee members shall recommend whether to establish a review committee for that county alone or establish a review committee with and for the counties within that judicial circuit.

(c) After the local review committee is established, it shall elect a chairperson from its membership. The chief superior court judge shall appoint persons to fill any vacancies on the review committee should the membership fail to do so.

(d) If any designated agency fails to carry out its duties relating to participation on the local review committee, the chief superior court judge of the circuit shall issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.

(e) Deaths eligible for review by local review committees are all deaths of children ages birth through 17 as a result of:

(1) Sudden Infant Death Syndrome;

(2) Any unexpected or unexplained conditions;

(3) Unintentional injuries;

(4) Intentional injuries;

(5) Sudden death when the child is in apparent good health;

(6) Any manner that is suspicious or unusual;

(7) Medical conditions when unattended by a physician. For the purpose of this paragraph, no person shall be deemed to have died unattended when the death occurred while the person was a patient of a hospice licensed under Article 9 of Chapter 7 of Title 31; or

(8) Serving as an inmate of a state hospital or a state, county, or city penal institution.

(f) It shall be the duty of any law enforcement officer, medical personnel, or other person having knowledge of the death of a child to immediately notify the coroner or medical examiner of the county wherein the body is found or death occurs.

(g) If the death of a child occurs outside the child's county of residence, it shall be the duty of the medical examiner or coroner in the county where the child died to notify the medical examiner or coroner in the county of the child's residence.

(h) When a county medical examiner or coroner receives a report regarding the death of any child he or she shall within 48 hours of the death notify the chairperson of the child fatality review committee of the county or circuit in which such child resided at the time of death.

(i) The coroner or county medical examiner shall review the findings regarding the cause and manner of death for each child death report received and respond as follows:

(1) If the death does not meet the criteria for review pursuant to subsection (e) of this Code section, the coroner or county medical examiner shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings, within seven days of the child's death, to the chairperson of the child fatality review committee in the county or circuit of the child's residence; or

(2) If the death meets the criteria for review pursuant to subsection (e) of this Code section, the coroner or county medical examiner shall complete and sign the form designated by the panel stating the death meets the criteria for review. He or she shall forward the form and findings, within seven days of the child's death, to the chairperson of the child fatality review committee in the county or circuit of the child's residence.

(j) When the chairperson of a local child fatality review committee receives a report from the coroner or medical examiner regarding the death of a child, that chairperson shall review the report and findings regarding the cause and manner of the child's death and respond as follows:

(1) If the report indicates the child's death does not meet the criteria for review and the chairperson agrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings to the panel within seven days of receipt;

(2) If the report indicates the child's death does not meet the criteria for review and the chairperson disagrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section;

(3) If the report indicates the child's death meets the criteria for review and the chairperson disagrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet the criteria for review. The chairperson shall also attach an explanation for this decision; or

(4) If the report indicates the child's death meets the criteria for review and the chairperson agrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section.

(k) When a child's death meets the criteria for review, the chairperson shall convene the review committee within 30 days after receipt of the report for a meeting to review and investigate the cause and circumstances of the death. Review committee members shall provide information as specified below, except where otherwise protected by statute:

(1) The providers of medical care and the medical examiner or coroner shall provide pertinent health and medical information regarding a child whose death is being reviewed by the local review committee;

(2) State, county, or local government agencies shall provide all of the following data on forms designated by the panel for reporting child fatalities:

(A) Birth information for children who died at less than one year of age including confidential information collected for medical and health use;

(B) Death information for children who have not reached their eighteenth birthday;

(C) Law enforcement investigative data, medical examiner or coroner investigative data, and parole and probation information and records;

(D) Medical care, including dental, mental, and prenatal health care; and

(E) Pertinent information from any social services agency that provided services to the child or family; and

(3) The review committee may obtain from any superior court judge of the county or circuit for which the review committee was created a subpoena to compel the production of documents or attendance of witnesses when that judge has made a finding that such documents or witnesses are necessary for the review committee's review. However, this Code section shall not modify or impair the privileged communications as provided by law except as otherwise provided in Code Section 19-7-5.

(l) The review committee shall complete its review and prepare a report of the child's death within 20 days, weekends and holidays excluded, following the first meeting held after receipt of the county medical examiner or coroner's report. The review committee's report shall:

(1) State the circumstances leading up to death and cause of death;

(2) Detail any agency involvement prior to death, including the beginning and ending dates and kinds of services delivered, the reasons for initial agency activity, and the reasons for any termination of agency activities;

(3) State whether any agency services had been delivered to the family or child prior to the circumstances leading to the child's death;

(4) State whether court intervention had ever been sought;

(5) State whether there have been any acts or reports of violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household;

(6) Conclude whether services or agency activities delivered prior to death were appropriate and whether the child's death could have been prevented;

(7) Make recommendations for possible prevention of future deaths of similar incidents for children who are at risk for such deaths; and

(8) Include other findings as requested by the Georgia Child Fatality Review Panel.

(m) The review committee shall transmit a copy of its report within 15 days of completion to the panel.

(n) The review committee shall transmit a copy of its report within 15 days following its completion to the district attorney of the county or circuit for which the review committee was created if the report concluded that the child named therein died as a result of:

(1) Sudden Infant Death Syndrome when no autopsy was performed to confirm the diagnosis;

(2) Accidental death when it appears that the death could have been prevented through intervention or supervision;

(3) Any sexually transmitted disease;

(4) Medical causes which could have been prevented through intervention by an agency or by seeking medical treatment;

(5) Suicide of a child in custody or known to the Department of Human Resources or when the finding of suicide is suspicious;

(6) Suspected or confirmed child abuse;

(7) Trauma to the head or body; or

(8) Homicide.

(o) Each local review committee shall issue an annual report no later than the first day of July in 2001 and in each year thereafter. The report shall:

(1) Specify the numbers of reports received by that review committee from a county medical examiner or coroner pursuant to subsection (h) of this Code section for the preceding calendar year;



- (2) Specify the number of reports of child fatality reviews prepared by the review committee during such period;
- (3) Be published at least once annually in the legal organ of the county or counties for which the review committee was established with the expense of such publication paid each by such county; and
- (4) Be transmitted, no later than the fifteenth day of July in 2001 and in each year thereafter, to the Georgia Child Fatality Review Panel and the Judiciary Committees of the House of Representatives and Senate.

19-15-4.

- (a) There is created the Georgia Child Fatality Review Panel as defined in paragraph (7) of Code Section 19-15-1.
- (b) The panel shall be attached for administrative purposes only to the Department of Human Resources. Notwithstanding any provision in Code Section 50-4-3 to the contrary, the State Children's Trust Fund Commission shall provide such staff support as may be necessary to enable the panel to discharge its duties under the law.
- (c) The panel shall be composed as follows:
  - (1) One district attorney appointed by the Governor;
  - (2) One juvenile court judge appointed by the Governor;
  - (3) Two citizen members who shall be appointed by the Governor, who are not employed by or officers of the state or any political subdivision thereof and one of whom shall come from each of the following: (A) a state-wide child abuse prevention organization; and (B) a state-wide childhood injury prevention organization;
  - (4) One forensic pathologist appointed by the Governor;
  - (5) The chairperson of the Board of Human Resources;
  - (6) The director of the Division of Family and Children Services of the Department of Human Resources;
  - (7) The director of the Georgia Bureau of Investigation;
  - (8) The chairperson of the Criminal Justice Coordinating Council;
  - (9) A member of the Georgia Senate appointed by the Lieutenant Governor;
  - (10) A member of the Georgia House of Representatives appointed by the Speaker of the House of Representatives;

- (11) A local law enforcement official appointed by the Governor;
  - (12) A superior court judge appointed by the Governor;
  - (13) A coroner appointed by the Governor;
  - (14) The director of the Office of the Child Advocate for the Protection of Children; and
  - (15) The director of the Division of Public Health of the Department of Human Resources.
- (d) The Governor shall appoint the chairperson of the panel.
- (e)(1) All appointed members shall be appointed for terms of two years beginning on July 1 of the year appointed and shall serve until their respective successors are appointed and qualified.
- (2) All ex officio members shall serve during the time such persons hold the offices or positions specified therein.
- (3) Members of the General Assembly shall serve for terms of office concurrent with their terms of office as members of the General Assembly.
- (4) Vacancies in the membership of the panel so appointed shall be filled in the same manner as the original appointment for the unexpired term of office.
- (f) Members of the panel who are members of the General Assembly shall be compensated for service on the panel from legislative funds in the manner provided for service on interim study committees. Those members of the panel who are not state officials or employees shall receive from funds appropriated or otherwise available to the panel for their services on the panel the same daily expense and travel or mileage allowance authorized for members of the General Assembly for service on interim study committees. The members of the panel who are state officials or employees shall receive no additional compensation for their service on the panel but may be reimbursed for reasonable and necessary travel expenses which shall be payable from the department or agency of which such member is an employee or officer.
- (g) The panel shall meet quarterly to review the reports of local review committees and shall meet when requested to do so by the Governor.
- (h) The purpose of the panel is to recommend measures to decrease the incidence of child death by undertaking all of the following duties:
- (1) Identify factors which place a child at risk for death;
  - (2) Collect and share information among state agencies which provide services to children and families or investigate child deaths;

- (3) Make suggestions and recommendations to appropriate participating agencies regarding improving coordination of services and investigations;
- (4) Identify trends relevant to unexpected or unexplained child death;
- (5) Investigate the relationship, if any, between child deaths and violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household;
- (6) Review each report from local child fatality review committees. The chairperson may call a special meeting of the panel to review any report when the chairperson has concluded the report warrants expedited review and has been requested by the submitting local review committee to make such expedited review;
- (7) Provide training and written materials to the local review committees to assist them in carrying out their duties. Such written materials shall include model protocols for the operation of the review committees;
- (8) Develop a protocol for child fatality investigations and revise the protocol as needed;
- (9) Monitor the operations of local review committees to determine training needs and service gaps. If the panel determines that changes to any statute, regulation, or policy is needed to decrease the risk of child death, it shall propose and recommend such changes in its annual report; and
- (10) Develop and implement such procedures and policies as are necessary for its own operation.
  - (i) By December 1 of each calendar year, the panel shall submit a report to the Governor, the Lieutenant Governor, and the Speaker of the House of Representatives regarding the prevalence and circumstances of child fatalities in the state; recommend measures to reduce such fatalities caused by other than natural causes; and address in the report the following issues:
    - (1) Whether the deaths could have been prevented;
    - (2) Whether the children were known to any state or local agency;
    - (3) The actions, if any, taken by any state or local agency or court;
    - (4) Whether agency or court intervention could have prevented their deaths;
    - (5) Whether policy, procedural, regulatory, or statutory changes are called for as a result of these findings; and
    - (6) Whether any referral should have been made to a law enforcement agency which was not made.

(j) The panel shall also establish procedures for the conduct of reviews by local review committees into deaths of children and may obtain the assistance of child protection professionals in establishing such procedures.

19-15-5.

(a) A protocol committee or review committee in the exercise of its duties shall be closed to the public and shall not be subject to Chapter 14 of Title 50, relating to open meetings.

(b) The panel shall be open to the public as long as information identifying a deceased or abused child, any family member of the child, or alleged or suspected perpetrator of abuse upon the child is not disclosed during such meetings or proceedings, but the panel is authorized to close such meeting to the public when such identifying information is required to be disclosed to members of the panel in order for the panel to carry out its duties.

19-15-6.

(a) Records and other documents which are made public records pursuant to any other provisions of law shall remain public records notwithstanding their being obtained, considered, or both, by a protocol committee, a review committee, or the panel.

(b) Notwithstanding any other provision of law to the contrary, reports of a review committee made pursuant to Code Section 19-15-3 and reports of the panel made pursuant to Code Section 19-15-4 shall be public records and shall be released to any person making a request therefor but the panel protocol committee or review committee having possession of such records or reports shall only release them after expunging therefrom all information contained therein which would permit identifying the deceased or abused child, any family member of the child, any alleged or suspected perpetrator of abuse upon the child, or any reporter of suspected child abuse.

(c) Statistical compilations of data by a review committee or the panel based upon information received thereby and containing no information which would permit the identification of any person shall be public records.

(d) Members of a protocol committee, a review committee, or of the panel shall not disclose what transpires at any meeting other than one made public by Code Section 19-15-5 nor disclose any information the disclosure of which is prohibited by this Code section, except to carry out the purposes of this chapter. Any person who knowingly violates this subsection shall be guilty of a misdemeanor.

(e) A person who presents information to a protocol committee, a review committee, or the panel or who is a member of any such body shall not be questioned in any civil or

criminal proceeding regarding such presentation or regarding opinions formed by or confidential information obtained by such person as a result of serving as a member of any such body. This subsection shall not be construed to prohibit any person from testifying regarding information obtained independently of a protocol committee, a review committee, or the panel. In any proceeding in which testimony of such a member is offered the court shall first determine the source of such witness's knowledge.

(f) Except as otherwise provided in this Code section, information acquired by and records of a protocol committee, a review committee, or the panel shall be confidential, shall not be disclosed, and shall not be subject to Article 4 of Chapter 18 of Title 50, relating to open records, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

(g) A member of a protocol committee, a review committee, or the panel shall not be civilly or criminally liable for any disclosure of information made by such member as authorized by this Code section.

(h) Members of the review committee, persons attending a review committee meeting, and persons who present information to a review committee may release information to such government agencies as is necessary for the purpose of carrying out assigned review committee duties.

(i) Notwithstanding any other provisions of law, information acquired by and documents, records, and reports of the panel and child abuse protocol committees and review committees applicable to a child who at the time of his or her death was in the custody of a state department or agency or foster parent shall not be confidential and shall be subject to Article 4 of Chapter 18 of Title 50, relating to open records.

19-15-7.

Nothing in this chapter shall be construed to authorize or require the inspection of any records or the release of any information if that inspection or release would result in the loss of any federal funds to the state.